									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOPE Effective October 1, 2003									16765228.				
		CLAIMS A	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OTHER THA			
TOTAL CLAIMS			ય				ſ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ſ	BASIC FE	€ 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			21 minus 20=		• (XS 9=		ОЯ	X\$18=	18	
INDEPENDENT CLAIMS			ر minus 3 =		0		•	X43=	1	OR	X86=		
MŁ	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				ł	+145=	1		+290=		
• 11	the difference	in column 1 is	less than zero, enter "0" in column 2				L		-	OR		~011 C	
		•	MENDED - PART II					TOTAL	<u> </u>	OR	OTHER	788	
	6-6-00	(Column 1)	MENDEL	(Colum		(Column 3) SMA		SMALL	ENTITY	OR	SMALL		
AMENDMENTA	· .	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER BUSLY-	PRESENT EXTRA		RATE	ADDI- TIONAL FEE /		RATE	ADDI- TIONAL FEE	
	Total	• 21	Minus	- 2	-1	= /		XS 9=		OR	X\$18=		
	Independent	• 3	Minus	•••	3	- /	ı	X43=	. /	OR	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	+145=	 		+290=	/	
	· · · · · · · · · · · · · · · · · · ·								-	OR	TOTAL	/	
	(Column 1) (Column 2) (Column 3)								1	OR	ADDIT. FEE		
	1 1	(Column 1) CLAIMS		HIĞH	EST	57			ADDI-			ADDI-	
AMENDMENT B	11/10/05	REMAINING AFTER AMENDMENT	٠.	PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	. 16	Minus	· · · 2	<u>/_</u>	- /	ı	X\$ 9=		OR	X\$18=		
	Incependent	.3	Minus	3	~		Γ	X43=		OR	X86≈		
	FIRST PHESE	NTATION OF ML	LTIPLE DEP	ENDENI	CLAIM		Ī	+145=		OR	+290=		
						•	AC	TOTAL DOIT. PEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)		:			•	1	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
₹ 9	Total	•	Minus	**		٠	Γ	X\$ 9=		OR	X\$18=		
MĒ	Independent	*	Minus	****		a .	十	X43=			X86=		
٦ [FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-			OR			
• н	the entry in calum	nn 1 is less than th	R entry in cohe	nn 2. write '	ori in cori	umm 3.	L	+145=		OR	+290=		
ti	the "Highest Nun	nber Previously Pai nber Previously Pa	d For IN THE	S SPACE IS	tess than	n 20, enter "20."	AD	TOTAL DIT. FEE	<u> </u>	OR ,	TOTAL ODIT, FEE		
		ber Previously Paid					tound	in the ap	propriate box	in cot	enn 1.	j	